

## Quotation Advert

| Opening Date:                            | 2019-08-12  | <b>E</b>   |
|--|---|--|
| Closing Date:                            | 2019-08-21  |  |
| Closing Time:                            | 11:00   |  |
| INSTITUTION DETAILS                      |   |  |
| Institution Name:                        | Osindisweni hospital  | $\nabla$   |
| Province:                                | KwaZulu-Natal   |  |
| Department or Entity:                    | Department of Health  |  |
| Division or section:                     | Central Supply Chain Management   |  |
| Place where goods / services is required | Osindisweni Hospital , Oakford Road , Verulam4340   |  |
| Date Submitted                           | 2019-08-07  |  |
| ITEM CATEGORY AND DETAILS                |   |  |
| Quotation Number:                        | ZNQ;<br>130-08-2019/20  |  |
| Item Calegory:                           | Services  | $\nabla$   |
| item De≇cription:                        | RENOVATION TO INTERIM DAKFORD CLINIC AT OLD CONVENT BUILDING =  |  |
|  | AS PER SPECIFICATIONS WHICH WILL BE GIVEN ON  | Aprend breast  |
|  | SITE MEETING DATE   |  |
|  | Activity of the second | in the second se |
|  |   | ž.   |
|  |   | Part of Series   |
| Quantity (if supplies)                   | 01  |  |
| COMPULSORY BRIEFING SESSION              | C   | A CONTRACTOR OF STREET   |
| Select Type:                             | Compulsory Briefing Session   | $\nabla$   |
| Date:                                    | 2019-08-15  |  |
|  |   |  |
| Time:                                    | 11:00AM   |  |
| Venue:                                   | Osindisweni Hospital AT Maintenance Department  |  |
| QUOTES CAN BE COLLECTED FROM:            | Osindisweni Hospital Stores Department  |  |
| QUOTES SHOULD BE DELIVERED TO:           | Osindisweni Hospital IN Quotation Box next to Switchboard   |  |
| ENQUIRIES REGARDING THE ADVE             | ERT MAY BE DIRECTED TO:   |  |
| Name:                                    | Suresh Parsutom   | į  |
| Emali:                                   | proc1.osIndiswenihospital@kznhealth.gov.za  |  |
| Contact Number:                          | 032-5419342   | :: )<br>:  |
| Finance Manager Name:                    | Ms J. Phalad  |  |
|  | Th  |  |
| Finance Manager Signature:               |   |  |